1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

77-15514
REG. NO.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 DECEASED NAME (TYPE OR PRINT) FIRST: John	MIDDLE: Frederick	LAST: Gerhold	2a DATE OF DEATH MONTH DAY YEAR: 6-17-77	2b HOUR: 6:00 aM
3 SEX: Male	4 RACE: White	5 DATE OF BIRTH MONTH DAY YEAR: Dec 04 1908	6 AGE (IN YEARS LAST BIRTHDAY): 68 YRS	IF UNDER 1 YEAR MONTHS DAYS / IF UNDER 24 HRS HOURS MIN
7a BIRTHPLACE (STATE OR FOREIGN COUNTRY): Washington D.C.	7b CITIZEN OF WHAT COUNTRY?: U.S.A.	8 MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	9 BALTIMORE CITY OR COUNTY OF DEATH: Queen Anne County MD.	
10 CITY OR TOWN OF DEATH: Chester,	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS): Rt.1, Box 339, Marling Farms		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE): Retired Carto-gapher	12b KIND OF BUSINESS OR INDUSTRY: Army Map Service

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a STATE: Maryland	13b COUNTY: QueenAnne	13c CITY OR TOWN: Chester	13d. INSIDE CITY LIMITS? YES ☐ NO ☐	13e STREET ADDRESS: Rt 1 Box 339 Marling Farms
14 FATHER'S NAME FIRST: George	MIDDLE: C.	LAST: Gerhold	15 MOTHER'S MAIDEN NAME FIRST: Lena	MIDDLE / LAST: Schiek
16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN): NO	(IF YES, GIVE WAR OR DATES): —	16b SOCIAL SECURITY NO.: 577-07-0566	17 INFORMANT: Wife. Ruby . GERHOLD	ADDRESS: MARLING FARMS CHESTER, MD

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART 1. DEATH WAS CAUSED BY:

4100

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	<24 hrs
DUE TO, OR AS A CONSEQUENCE OF (b)	Hypertensive Arteriosclerotic Heart Disease	7 yrs
DUE TO, OR AS A CONSEQUENCE OF (c)	with Chronic CHF	

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a): Peripheral Vascular Disease

19a DATE OF OPERATION	19b CONDITION FOR WHICH OPERATION WAS PERFORMED	20a AUTOPSY? YES ☐ NO ☐	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐
21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)	
21d INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET CITY OR TOWN COUNTY STATE	

22a. I certify that (I) (this hospital) attended the deceased from 8/1, 1971 to 6/17, 1977, that (I) (we) last saw the deceased alive on 5/2 1977, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.

22b. SIGNATURE: Wm H Wood Jr. DEGREE: MD ATTENDING PHYSICIAN ☒ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐
22c. DATE SIGNED: 6/17/77
22d. PHYSICIAN'S NAME (TYPE OR PRINT): WmH Wood Jr
22e. ADDRESS: EASTON, Md.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY): Cremation	23b. DATE: June 18,1977	23c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory	23d. LOCATION CITY OR TOWN: Suitland COUNTY: P.G.Co. STATE: Maryland
24 FUNERAL DIRECTOR NAME: Joseph Gawler's Sons,	ADDRESS: 5130 Wisconsin Ave. N.W. Wash. D.C.	25a. DATE REC'D. BY REGISTRAR: JUN 23 1977	25b. REGISTRAR'S SIGNATURE:

BP BP

DHMH - 16 60M 1/75
(VR A 15 (4))

1 - FOR STATE REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

77-15515
REG. NO.

1 DECEASED NAME (TYPE OR PRINT) FIRST Dorothy MIDDLE G. LAST Haskell

2a DATE OF DEATH MONTH DAY YEAR June 14, 1977

2b HOUR 2:A.M.

3 SEX Female

4 RACE White

5 DATE OF BIRTH MONTH DAY YEAR Sept. 17, 1896

6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS — IF UNDER 1 YEAR MONTHS DAYS — IF UNDER 24 HRS HOURS MIN

7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) R.I.

7b CITIZEN OF WHAT COUNTRY? U.S.A.

8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

9. BALTIMORE CITY OR COUNTY OF DEATH Queen Anne MD.

10 CITY OR TOWN OF DEATH Stevensville

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) at her home in Stevensville

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Saleslady

12b KIND OF BUSINESS OR INDUSTRY Department store

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a STATE Md.

13b COUNTY Q.A. Co.

13c CITY OR TOWN Stevensville

13d INSIDE CITY LIMITS? YES ☒ NO ☐

13e STREET ADDRESS Rt# 2 Box 307

14 FATHER'S NAME FIRST Frederick MIDDLE LAST Goffe

15. MOTHER'S MAIDEN NAME FIRST Ellen MIDDLE LAST Campbell

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) no (IF YES, GIVE WAR OR DATES)

16b SOCIAL SECURITY NO. 037-22-0758

17 INFORMANT Wallace J. Gilbert, ADDRESS Rt#2 Box 307, Stevensville, Md.

MEDICAL CERTIFICATION

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Metastatic Endometrial Carcinoma — APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 mo

1820

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF (b)

DUE TO, OR AS A CONSEQUENCE OF (c)

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19a DATE OF OPERATION

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? YES ☐ NO ☐

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. TIME OF INJURY HOUR A.M. P.M. MONTH DAY YEAR 19

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION STREET CITY OR TOWN COUNTY STATE

22a. I certify that [✓ I] (this hospital) attended the deceased from ______, 19 75, to 6-14, 19 77, that [✓ I] (we) last saw the deceased alive on 6-11 19 77, and that in [✓ my] (our) opinion death occurred on the date and hour and from the causes stated above. [✓ I] (we) (did) [✓ did not] view the body after death.

22b. SIGNATURE Ronald Linthall DEGREE MD — ATTENDING PHYSICIAN ☑ MEDICAL DIRECTOR ☐ STAFF PHYSICIAN ☐

22c. DATE SIGNED 6-14-77

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Dr. Ronald Linthall M.D.

22e ADDRESS 210 E. Dover St. Easton, Md. 21601

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23b. DATE 6-16-77

23c. NAME OF CEMETERY OR CREMATORY Swan Point Cemetery

23d. LOCATION CITY OR TOWN Providence COUNTY Providence Co., Rhode Island STATE R.I.

24 FUNERAL DIRECTOR NAME Helfenbein-Hubbard Funeral Home, ADDRESS Chester, Md.

25a. DATE REC'D. BY REGISTRAR JUN 17 1977

25b. REGISTRAR'S SIGNATURE Murphy McCready

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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BP______

DHMH - 16 60M 1/75
(VR A 15 (4))